



cigars, pipes, etc., stating whether you inhale or inhaled the smoke or not;

ANSWER: Cigarettes.

- (b) The daily frequency with which you smoke or have smoked the same, i.g., two packages of cigarettes daily, two pipefulls of tobacco daily, three cigars a day, etc;

ANSWER: ½ pack daily.

- (c) The dates and time periods during which you have smoked;

ANSWER: 1964-present

- (d) For any time period when you commenced smoking tobacco products after a period of having stopped smoking, your reasons for resuming;

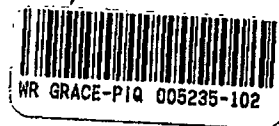
ANSWER: N/A

- (e) If you smoke or have smoked cigarettes, please state the average number of packs per day so consumed in each of the years that you have smoked;

ANSWER: ½ pack daily.

- (f) Whether you were ever advised by any physician to stop smoking and if so, the date, name and address of each physician who gave you any such advice and whether you followed the advice. If so, for what period of time did you follow said advice?

ANSWER: No.



- (g) State the particular commercial brand or brands of tobacco products used by you for the periods related above.

ANSWER: Winston

35. Are you aware of the United States Surgeon General's warning placed on all cigarette packages and advertisements? If so, when did you become aware?

ANSWER: Yes.

36. Have you ever read the warning referred to the preceding Interrogatory?

ANSWER: Yes.

37. Have you ever smoked any tobacco products subsequent to being aware of or reading the warnings referred to in the preceding Interrogatories, if so, please specify the type of tobacco product.

ANSWER: Yes.

38. State whether or not Plaintiff claims any permanent, total or partial disability to date or to date of death as the case may be. If so, set forth the details thereof.



ANSWER: Yes, partially disabled due to progressive asbestos related lung disease.

39. State whether or not Plaintiff claims any diminution in earning power. If so, set forth the details thereof.

ANSWER: No.

40. State in detail the time the Plaintiff claims was missed from work as a result of the conditions complained of herein.

ANSWER: N/A

41. With respect to any and all special damages being claimed, set forth:

ANSWER: Full compilation is not yet complete. This Interrogatory will be supplemented.

- (a) The hospital bills with dates and amounts thereof;
- (b) Medical bills with dates and amounts and names of persons rendering same;
- (c) Nursing bills with dates and amounts and identity of persons rendering same;
- (d) Loss of earnings, with identity of employers;
- (e) Any other special damages, specifying the type, amount and nature of same. This is to include any and all damages being claimed in this action, including



any funeral expense where wrongful death is claimed.

42. State whether there has been any settlement with any person or party of all claim or part of a claim being asserted herein, or similar to the claims being asserted herein by which any money or other benefit was received, and if so, set forth the details thereof, including the claim date, the identity of the person against whom the claim was made, the identity of the person who settled the claim, the amount of the settlement, and the date thereof.

ANSWER: No, not at this time.

43. Were you a member of any labor union at any time from 1940 to the present time? If so, state for each such union membership:

ANSWER: Yes.

(a) The identity of such union;

ANSWER: UAW Local #78

(b) The identity of any officials known by you;

ANSWER: Unknown.

(c) The dates and time periods during which you maintained membership in such union.

ANSWER: 1965-present



44. Have you ever received, been provided with or had made available to you, in any manner, a publication known as "The Asbestos Worker"? If so, set forth:

ANSWER: No.

- (a) The manner of receipt in which the publication was made available to you, i.e. provided by union, employer, labor group, etc. Distributed at meetings, subscription, purchase, free, etc.;

ANSWER: N/A

- (b) The identity of each and every person and/or entity which provided or made the publication available to you.

ANSWER: N/A

- (c) The frequency of receipt, i.e., regular, occasionally, etc.

ANSWER: N/A

- (d) The pertinent dates and time period during which the publication was received, provided, or made available to you;

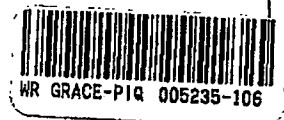
ANSWER: N/A

- (e) The publication date, issue and volume number of each issue;

ANSWER: N/A

- (f) Did you read such publications?

ANSWER: N/A



45. If you were a member of a labor union other than the International Association of Heat and Frost Insulators and Asbestos Workers, did you receive any newspapers, newsletters or other publications from such union?

ANSWER: Yes.

46. If your answer to the preceding is in the affirmative, state:

(a) The type of each publication received;

ANSWER: Union Newspaper.

(b) The frequency with which such publications were received;

ANSWER: Sometimes.

(d) Whether you read such publications.

ANSWER: Yes.

47. Have you ever attended any international or local union meetings, seminars, conferences or conventions where the subject of occupational health and exposure to asbestos were discussed? If yes, please state:

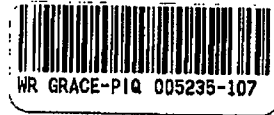
ANSWER: No.

(a) The date and place of each such meeting, seminar, conference or convention;

ANSWER: N/A

(b) The name and address of the speaker;

ANSWER: N/A



- (c) A summary of each such speech, presentation or discussion.

ANSWER: N/A

48. Please list, together with places and dates, all offices you have held or committees on which you have served in both your local and international union.

ANSWER: Committee – June 1990-May 1993

49. Have you ever been informed by any person in an official capacity in your local or international union, or any other individual or publication, of any possible hazards associated with exposure to asbestos products?

ANSWER: No.

50. If your answer to the preceding is in the affirmative, state:

- (a) The identity and/or the official capacity of the individuals who furnished you with such information;

ANSWER: N/A

- (b) The identity of the publication or writing which furnished you with such information;

ANSWER: N/A



- (c) The approximate date and place such information was furnished.

ANSWER: N/A

- (d) The manner in which such information was communicated;

ANSWER: N/A

- (e) The nature and exact wording of such advice, publication, warning, order, directive, requirement or recommend, or if not the exact working, the substance thereof;

ANSWER: N/A

- (f) Advice or recommendation as to the techniques, methods or equipment which would serve to reduce or guard against such potentially harmful exposure;

ANSWER: N/A

- (g) The identity of each and every witness to Plaintiff's receipt of such advice, publication, warning, order, recommendation;

ANSWER: N/A

- (h) What action, if any, you took in response to such information.

ANSWER: N/A

51. State the dates, time and place during which you were:

- (a) A member of the National Insulating Contractors Association (NICE);





ANSWER: N/A

- (b) Employed by an employer who was a member of the National Insulation Manufacturers Association (NIMA);

ANSWER: N/A

- (c) Identify each such employer and the periods of employment.

ANSWER: N/A



STATE OF MICHIGAN) SS  
COUNTY OF OAKLAND)

REDACTED, having been first duly sworn, deposes and says that he is the Plaintiff in the within cause of action; that he has read the foregoing Answers to Interrogatories Propounded by Defendants, A.P. GREEN REFRACTORIES CO., et al., and that the same are true to the best of his knowledge, information and belief.

Subscribed and sworn to before me  
this 14th day of January, 2001.

LINDA D. KRUMM, NOTARY PUBLIC  
MACOMB COUNTY, MICHIGAN  
ACTING IN OAKLAND COUNTY, MICHIGAN  
MY COMMISSION EXPIRES: 03/13/2004

The foregoing Objections to Interrogatories are made  
by the undersigned Attorney of the Plaintiff(s).

MICHAEL B. SERLING (P20225)  
Attorney for Plaintiff(s)  
280 N. Old Woodward Avenue  
Suite 406  
Birmingham, Michigan 48009  
(248) 647-6966

DATED: January 13, 2001

**LAW OFFICES**  
**MICHAEL B. SERLING, P.C.**  
**30 NORTH OLD WOODWARD AVE.**  
**SUITE 406**  
**BIRMINGHAM, MICH. 35203**  
**(248) 647-8966**



EXHIBIT "A"

EXHIBIT "A" will be submitted to all defendants under separate cover from these Answers to Interrogatories.

EXHIBIT "A"

PAGE 1 OF 1

LAW OFFICES  
MICHAEL B. SERLING, P.C.  
10 NORTH OLD WOODWARD AVE.  
SUITE 406  
BIRMINGHAM, MICH. 48009

(248) 647-6966

Ella A. Kazerooni, M.D.  
Associate Professor  
Division of Thoracic Imaging  
Department of Radiology  
University of Michigan Medical Center

1500 E. Med  
Ann Arbor, MI  
Phone: (734) 763-9723  
Fax: (734) 763-9723  
email: ellakaz@umich.edu

Patient's Name: REDACTED

Date of Birth:

Worker's SS#: \_\_\_\_\_

Date of Reading: 08 / 27 / 99

<b>1A. DATE OF X-RAY</b> MONTH DAY YR 05 04 99	<b>1B. FILM QUALITY</b> 1 2 3 U/R 1 2 3 U/R	<b>1C. IS FILM COMPLETELY NEGATIVE?</b> YES <input type="checkbox"/> PROCEED TO SECTION 5 NO <input checked="" type="checkbox"/> PROCEED TO SECTION 2																						
<b>2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</b> YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3																								
<b>2B. SMALL OPACITIES</b> a. SHAPE/SIZE PRIMARY SECONDARY <table border="1" style="width: 100%; text-align: center;"> <tr><td>P</td><td>S</td></tr> <tr><td>q</td><td>q</td></tr> <tr><td>r</td><td>u</td></tr> </table>	P	S	q	q	r	u	b. ZONES <table border="1" style="width: 100%; text-align: center;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> R L							<b>2C. LARGE OPACITIES</b> SIZE <input checked="" type="checkbox"/> A B C PROCEED TO SECTION 3										
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r	u																							
<b>3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</b> YES <input checked="" type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input type="checkbox"/> PROCEED TO SECTION 4																								
<b>3B. PLEURAL THICKENING</b> a. DIAPHRAGM (plaque) SITE <input checked="" type="checkbox"/> R L b. COSTOPHRENIC ANGLE SITE <input checked="" type="checkbox"/> R L	<b>3C. PLEURAL THICKENING ... Chest Wall</b> a. CIRCUMSCRIBED (plaque) SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L IN PROFILE <input checked="" type="checkbox"/> A B C i. WIDTH <input checked="" type="checkbox"/> 0 1 2 3 ii. EXTENT <input checked="" type="checkbox"/> 0 1 2 3 FACE ON <input checked="" type="checkbox"/> 0 1 2 3 iii. EXTENT <input checked="" type="checkbox"/> 0 1 2 3																							
<b>3D. PLEURAL CALCIFICATION</b> SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L EXTENT a. DIAPHRAGM <input checked="" type="checkbox"/> 0 1 2 3 b. WALL <input checked="" type="checkbox"/> 0 1 2 3 c. OTHER SITES <input checked="" type="checkbox"/> 0 1 2 3 PROCEED TO SECTION 4																								
<b>4A. ANY OTHER ABNORMALITIES?</b> YES <input checked="" type="checkbox"/> COMPLETE 4B and 4C NO <input type="checkbox"/> PROCEED TO SECTION 5																								
<b>4B. OTHER SYMBOLS (OBLIGATORY)</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>O</td><td>ax</td><td>bu</td><td>ca</td><td>cn</td><td>co</td><td>cp</td><td>cv</td><td>di</td><td>ef</td><td>en</td><td>es</td><td>fr</td><td>hi</td><td>ho</td><td>id</td><td>ih</td><td>kl</td><td>pi</td><td>px</td><td>rp</td><td>tb</td> </tr> </table> <p>Report items which may be of present clinical significance in this section. <input type="checkbox"/> OD (SPECIFY od.)</p> <p>Date Personal Physician notified? MONTH DAY YR</p>			O	ax	bu	ca	cn	co	cp	cv	di	ef	en	es	fr	hi	ho	id	ih	kl	pi	px	rp	tb
O	ax	bu	ca	cn	co	cp	cv	di	ef	en	es	fr	hi	ho	id	ih	kl	pi	px	rp	tb			
<b>4C. OTHER COMMENTS</b> EXHIBIT "B" Page 1 of 2 SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES <input type="checkbox"/> NO <input type="checkbox"/> PROCEED TO SECTION 5																								

REDACTED

Alfred Franzblau, M.D.  
University of Michigan School of Public Health  
1420 Washington Heights  
Ann Arbor, Michigan 48109-2029



Patient's Name

REDACTED

Date of Film:

5/4/99

Social Security Number:

Date of Reading:

7/15/99

Northland Radiology

REDACTED

<b>1A. DATE OF X-RAY</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">MONTH</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">DAY</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">YR</div> </div>	<b>1B. FILM QUALITY</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4/R</div> </div>	<b>1C. IS FILM COMPLETELY NEGATIVE?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <span style="float: right;">Proceed to Section 2</span>																																		
<b>2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</b> YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> <span style="float: right;">PROCEED TO SECTION 3</span>																																				
<b>2B. SMALL OPACITIES</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>a. SHAPE/SIZE</b>  <table border="1" style="width: 100%; text-align: center;"> <tr><th colspan="2">PRIMARY</th><th colspan="2">SECONDARY</th></tr> <tr><td>P</td><td>S</td><td>P</td><td>S</td></tr> <tr><td>Q</td><td>1</td><td>Q</td><td>1</td></tr> <tr><td>R</td><td>U</td><td>R</td><td>U</td></tr> </table> </div> <div style="width: 45%;"> <b>b. ZONES</b>  <table border="1" style="width: 100%; text-align: center;"> <tr><td></td><td></td></tr> <tr><td></td><td>X</td></tr> <tr><td>X</td><td>X</td></tr> </table> <div style="display: flex; justify-content: space-around;">R L</div> </div> </div>	PRIMARY		SECONDARY		P	S	P	S	Q	1	Q	1	R	U	R	U				X	X	X	<b>c. PROFUSION</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>0/0</td><td>0/0</td><td>0/0</td></tr> <tr><td>1/0</td><td>1/1</td><td>1/2</td></tr> <tr><td>2/1</td><td>2/2</td><td>2/3</td></tr> <tr><td>3/2</td><td>3/3</td><td>3/4</td></tr> </table>	0/0	0/0	0/0	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/4	<b>2C. LARGE OPACITIES</b> SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <div style="text-align: right;">PROCEED TO SECTION 3</div>
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<b>3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</b> YES <input checked="" type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input type="checkbox"/> <span style="float: right;">PROCEED TO SECTION 4</span>																																				
<b>3B. PLEURAL THICKENING</b> <b>a. DIAPHRAGM (plaque)</b> SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L <b>b. COSTOPHRENIC ANGLE</b> SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L	<b>3C. PLEURAL THICKENING ... Chest Wall</b> <div style="display: flex;"> <div style="width: 45%;"> <b>a. CIRCUMSCRIBED (plaque)</b>  <table border="1" style="width: 100%;"> <tr><th colspan="2">SITE</th></tr> <tr><td>0</td><td>1</td></tr> <tr><td colspan="2">IN PROFILE</td></tr> <tr><td colspan="2">i. WIDTH</td></tr> <tr><td colspan="2">ii. EXTENT</td></tr> <tr><td colspan="2">FACE ON</td></tr> <tr><td colspan="2">iii. EXTENT</td></tr> </table> </div> <div style="width: 45%;"> <b>b. DIFFUSE</b>  <table border="1" style="width: 100%;"> <tr><th colspan="2">SITE</th></tr> <tr><td>0</td><td>1</td></tr> <tr><td colspan="2">IN PROFILE</td></tr> <tr><td colspan="2">i. WIDTH</td></tr> <tr><td colspan="2">ii. EXTENT</td></tr> <tr><td colspan="2">FACE ON</td></tr> <tr><td colspan="2">iii. EXTENT</td></tr> </table> </div> </div>		SITE		0	1	IN PROFILE		i. WIDTH		ii. EXTENT		FACE ON		iii. EXTENT		SITE		0	1	IN PROFILE		i. WIDTH		ii. EXTENT		FACE ON		iii. EXTENT							
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<b>4C. OTHER COMMENTS</b> <div style="border: 1px solid black; padding: 5px;">         Overinflated with increased retrosternal airspace and bullae.       </div>																																				



EXHIBIT "C"

REDACTED

Henry Ford Hospital  
2799 W. Grand Blvd.

Detroit, MI 48202

John Eggenberger, M.D.

Dr. Wagner, M.D.

Dr. Abassi, M.D.

Colon operations 1995; 1996

Beaumont Hospital

3601 W. Thirteen Mile Road

Royal Oak, MI 48072

Greg Howell, M.D.

Throat Problem in ER 1/96

Colon Rupture 1/96

Colon operations 4/96

John Eggenberger, M. D.

Henry Ford Hospital

Colon /Rectal Surgery 7th Floor

2799 W. Grand Blvd.

Detroit, MI 48202

Colon Doctor 1995/1996

Greg Howell, M.D.

3535 W. 13 Mile Road, # 204

Royal Oak, MI 48071

Colon Doctor 1996

Dr. Wagner, M.D.

Henry Ford Hospital

Clara Ford Pravillian, 4th Floor

2799 W. Grand Blvd.

Detroit, MI 48202

Colon Surgeon 1995/96

Dr. R. Porter (deceased)

Visger Road

Detroit, MI

(no further address known)

Family doctor -early 1980's

EXHIBIT "C"

Page 1 of 1



EXHIBIT "D"

EXHIBIT "D" has been submitted to all of the defendants separately from these Answers to Interrogatories. The exhibit, which contains a bibliography of medical articles as well as correspondence relating to State of the Art and actual knowledge, is the same for all Answers to Interrogatories in the Wayne County Circuit Court Asbestos Cases. A copy of said Exhibit may be obtained by any defense counsel who has not received a copy of same.

EXHIBIT "D"  
Page 1 of 1



SSA-1826                      ITEMIZED STATEMENT OF EARNINGS  
 VERSION 1984.002 \* \* \*              FOR SSN              \* \* \*

JOB:

**REDACTED**

FROM: SOCIAL SECURITY ADMINISTRATION  
 OFFICE OF CENTRAL RECORDS OPERATIONS  
 BALTIMORE, MARYLAND 21235-0000

MICHAEL B SERLING ESEQ                      NUMBER HOLDER NAME:.

280 N OLD WOODWARD AVE

**REDACTED**

SUITE 406  
 BIRMINGHAM                      MI 48009

PERIOD REQUESTED    JANUARY 1962    THRU 'DECEMBER 1995'

YEAR	JAN - MARCH	APRIL -JUNE	JULY - SEPT	OCT - DEC	TOTAL
------	-------------	-------------	-------------	-----------	-------

EMPLOYER NUMBER: 38-1262871  
 ALFANO & ALFANO  
 ALFANO BROS CAR WASH  
 3157 FORT ST  
 WYANDOTTE MI 48192-0000

1962		5.38	167.35 \$	172.73
1963	29.21		\$	29.21

EMPLOYER NUMBER: 38-1292699  
 WILLIAM R NEEDHAM  
 TA.SCHAEFER AUTO WASH  
 1720 S SCHAEFER RD  
 DETROIT MI 48217-0000

1963 .	72.87	75.05	\$	147.92
--------	-------	-------	----	--------

EMPLOYER NUMBER: 38-1399235  
 LEO J KLIZA  
 LINCOLN AUTOMOTIVE SUPPLY  
 14820 FORT ST  
 SOUTHGATE MI 48192-0000

1963		193.29	20.28 \$	213.57
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PAGE 001

**EXHIBIT "E"**

Page 1 of 5





SSA-1826                      ITEMIZED STATEMENT OF EARNINGS  
 VERSION 1984.002 \* \* \*              FOR SSN                      \* \* \*

JOB:

**REDACTED**

YEAR    JAN - MARCH    APRIL - JUNE    JULY - SEPT    OCT - DEC    TOTAL

EMPLOYER NUMBER: 36-1750680  
 SEARS ROEBUCK & COMPANY  
 LOCAL  
 TUCKER GA 30084-0000

1963				226.38 \$	226.38
1964	629.65	330.97		\$	960.62
1969				208.75 \$	208.75
1970	166.04			\$	166.04

EMPLOYER NUMBER: 38-1456113  
 LOUIS & JAMES KELLEPOUREY  
 HOUSE OF BAR B Q  
 4287 WAVERLY ST  
 DETROIT MI 48238-0000

1963				109.00 \$	109.00
------	--	--	--	-----------	--------

EMPLOYER NUMBER: 38-0419960  
 CHRYSLER MOTORS CORPORATION  
 12000 CHRYSLER DR  
 HIGHLAND PARK MI 48288-1899

1964		789.38		\$	789.38
------	--	--------	--	----	--------

EMPLOYER NUMBER: 38-0428900  
 CBC CORPORATION  
 WYOMING & SOUTHERN AVES  
 DEARBORN MI 48120-0000

1964			72.32	\$	72.32
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EMPLOYER NUMBER: 38-1428338  
 JACOBS INDUSTRIES INC  
 PO BOX 9  
 FRASER MI 48026-0009

1964			214.84	\$	214.84
1965	992.30	814.74	924.19	125.86 \$	2,857.09

PAGE 002

**EXHIBIT "E"**

Page 2 of 5



SSA-1826 ITEMIZED STATEMENT OF EARNINGS  
 VERSION 1984.002 \* \* \* FOR SSN \* \* \*

JOB:

**REDACTED**

YEAR JAN - MARCH APRIL - JUNE JULY - SEPT OCT - DEC TOTAL

EMPLOYER NUMBER: 34-9990000  
 DEFENSE FINANCE & ACCOUNTING SRVC  
 CLEVELAND CENTER  
 ATTN CODE FTXA-ADELA  
 % CODE FT  
 1240 E 9TH ST  
 CLEVELAND OH 44199-2001

1964 1,242.51 \$ 1,242.51

EMPLOYER NUMBER: 39-0711690  
 WISCONSIN BANKERS ASSOCIATION  
 PO BOX 8880  
 MADISON WI 53708-8880

1965 1,614.53 \$ 1,614.53

EMPLOYER NUMBER: 38-0711690  
 KELSEY-HAYES COMPANY  
 38481 HURON RV DR  
 ROMULUS MI 48174-1158

1966	986.87	1,263.55	1,639.52	695.98 \$	4,585.92
1967	903.70	762.07	1,220.92	437.78 \$	3,324.47
1968			1,614.11	1,992.37 \$	3,606.48
1969	2,124.18	2,481.55	1,672.33	1,521.94 \$	7,800.00
1970	914.80	559.12	1,781.56	24.51 \$	3,279.99
1971			1,342.41	2,254.36 \$	3,596.77
1972	1,999.47	1,588.63	3,093.34	2,318.56 \$	9,000.00
1973	2,358.04	2,988.65	3,007.12	2,446.19 \$	10,800.00
1974	2,442.87	3,055.65	3,482.52	1,623.13 \$	10,604.17
1975	2,378.22	2,994.41	755.25	\$	6,127.88
1976	582.54	1,847.88	2,612.63	1,919.58 \$	6,962.63
1977	2,701.40	3,176.63	1,341.92	\$	7,219.95
1978	-	-	-	\$	11,064.92
1979	-	-	-	\$	11,716.58
1980	-	-	-	\$	1,060.68
1981	-	-	-	\$	16,006.44
1982	-	-	-	\$	21,659.70

PAGE 003

**EXHIBIT "E"**

Page 3 of 5



SSA-1826                      ITEMIZED STATEMENT OF EARNINGS  
 VERSION 1984.002 \* \* \*      FOR SSN                      \* \* \*

JOB:

**REDACTED**

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
1983	-	-	-	-	\$ 24,323.24
1984	-	-	-	-	\$ 31,372.79
1985	-	-	-	-	\$ 33,323.67
1986	-	-	-	-	\$ 32,457.22

EMPLOYER NUMBER: 25-0687210  
 NATIONAL STEEL CORPORATION  
 4100 EDISON LAKES PKWY  
 MISHAWAKA IN 46545-3422

1967				299.82 \$	299.82
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EMPLOYER NUMBER: 38-1780259  
 MECHANICS LAUNDRY COMPANY  
 1768 E 25TH ST  
 CLEVELAND OH 44114-0000

1968	1,827.06	1,583.15	38.40	93.60 \$	3,542.21
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EMPLOYER NUMBER: 38-1284167  
 INTERNATIONAL UNION UNITED AUTO  
 AEROSPACE & AGRICULTURAL WORKERS  
 78 UAW  
 5900 MCGRAW  
 DETROIT MI 48210-1731

1977			300.40		\$ 300.40
1985	-	-	-	-	\$ 22.76
1986	-	-	-	-	\$ 296.47
1987	-	-	-	-	\$ 142.49
1990	-	-	-	-	\$ 405.00
1991	-	-	-	-	\$ 480.00

EMPLOYER NUMBER: 13-3384636  
 HAYES LEMMERZ INTERNATIONAL INC  
 15300 CENTENNIAL DR  
 NORTHVILLE MI 48167-0000

1987	-	-	-	-	\$ 39,837.18
1988	-	-	-	-	\$ 40,394.83

PAGE 004

**EXHIBIT "E"**

Page 4 of 5



SSA-1826                      ITEMIZED STATEMENT OF EARNINGS  
 VERSION 1984.002 \* \* \*              FOR SSN                      \* \* \*

JOB:

**REDACTED**

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
1989	-	-	-	-	\$ 38,653.04
1990	-	-	-	-	\$ 40,638.09
1991	-	-	-	-	\$ 38,789.84

EMPLOYER NUMBER: 06-0303370  
 CONNECTICUT GENERAL LIFE INS CO  
 PO BOX 7716 TL42G  
 PHILADELPHIA PA 19192-0001

1988	-	-	-	-	\$ 318.00
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EMPLOYER NUMBER: 38-3084488  
 KELSEY-HAYES COMPANY  
 % CLIFFORD L SMITH  
 12025 TECH CENTER DR  
 LIVONIA MI 48150-2122

1992	-	-	-	-	\$ 43,551.42
1993	-	-	-	-	\$ 43,940.45
1994	-	-	-	-	\$ 10,658.74
1995	-	-	-	-	\$ 29,746.09

EMPLOYER NUMBER: 04-1414660  
 JOHN HANCOCK MUTUAL LIFE INSURANCE  
 COMPANY  
 CORPORATE TAX DEPARTMENT T-11  
 PO BOX 111 B-2  
 BOSTON MA 02117-0000

1994	-	-	-	-	\$ 8,700.00
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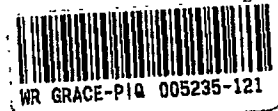
THERE ARE NO OTHER EARNINGS RECORDED UNDER THIS SOCIAL SECURITY  
 NUMBER FOR THE PERIOD(S) REQUESTED.

EARNINGS FOR THE YEARS AFTER 1998 MAY NOT BE SHOWN, OR ONLY  
 PARTIALLY SHOWN, BECAUSE THEY MAY NOT YET BE ON OUR RECORDS.

PAGE 005 END

**EXHIBIT "E"**

Page 5 of 5



STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

REDACTED

00-009221 NP 3/22/00  
JDQ: ROBERT J. COLOMBO JR

Plaintiff(s),

VS

v

A P GREEN REFRACTORIES CO

A.P. GREEN REFRACTORIES CO., et al.

Defendants.

MICHAEL B. SERLING (P20225)  
Attorney for Plaintiff(s)

SEE ATTACHED SHEETS  
Attorney for Defendants,

PROOF OF SERVICE

STATE OF MICHIGAN)

SS

COUNTY OF OAKLAND)

LINDA D. KRUMM, being first duly sworn, deposes and says that she is employed in the offices of MICHAEL B. SERLING, P.C., attorney for Plaintiff(s), and on the 23rd day of January, 2001, she served a true copy of: PLAINTIFF('S') ANSWERS TO DEFENDANTS' FIRST STANDARD SET OF INTERROGATORIES WITH EXHIBITS "A", "B", "C", "D" AND "E" ATTACHED upon ALL COUNSEL OF RECORD, attorneys for DEFENDANTS by then and there placing the same in an envelope bearing postage fully prepaid and addressed to said attorneys, at their offices located at: SEE ATTACHED SHEETS and then deposited the same in the U.S. Mail for delivery.

FURTHER DEPONENT SAYS NOT.

LINDA D. KRUMM

Subscribed and sworn to before me  
this 23rd day of January, 2001.

JOANN MCMURDO, NOTARY PUBLIC  
OAKLAND COUNTY, MICHIGAN  
MY COMMISSION EXPIRES: 12/27/2002

REDACTED



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REDACTED

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(517) 371-1730





**Jeffrey F. Parker, M.D.**  
4400 Town Center – Suite 250  
Civic Center Drive  
Southfield, MI 48075  
(248) 354-0730 Fax: (248) 354-1652

December 5, 2000

Michael Serling, Esq.  
280 North Old Woodward  
Suite 406  
Birmingham, MI 48009  
Attn: Linda Kelley

**RE:**  
**DOB:** REDACTED  
**Social Security Number:**

Dear Mr. Serling:

I was seen in my office on December 5, 2000 for evaluation of asbestos exposure.

This is a 56-year-old black male who retired in 1995 from Kelsey-Hayes, where he had worked for 30-years. For the first 10-years of his employment, he was employed as a factory worker and laborer. In those jobs, he worked around blast furnaces and had exposure to airborne asbestos. For the second 10-years, he worked in the machine shop as a metal cutter. He worked with brake surfaces containing asbestos and inhaled that material. Later, he continued to work in the machine shop and had constant exposure to airborne asbestos from brake linings and overhead steam pipes. Additionally, he wore gloves, coats and hoods containing asbestos.

***Past Medical History:***

There are no known allergies. Past surgeries include a colostomy with revision for diverticulitis. He is status post right and left femoral bypass surgery, performed in September 2000. Currently, he takes no medications. There are no other hospitalizations.

***Family and Social History:***

The patient is married and has four children, ranging in age from 27 to 34. They are all in good health. He has smoked one pack of cigarettes a day for the past 40 years. He indicates that he quit smoking two months ago. There is no drinking history.

REDACTED



**REDACTED**

December 5, 2000

Page 2

***Review of Systems:***

HEENT: No sinusitis or rhinitis.  
Pulmonary: He admits to shortness of breath with some morning cough.  
GI: The patient has undergone a colostomy with revision.  
GU: No hematuria or dysuria.  
Vascular: He underwent a recent right and left femoral bypass surgical procedure.

***Physical Examination:***

Weight is 145 lbs., and height is 67½". Pulse is 65, and respiratory rate is 18/min. Blood pressure is 134/82. Temperature is 97.5°.

HEENT examination shows that EOM's are intact. PERLA. Pharynx is non-injected. Neck is supple. There is no jugular venous distention.

Chest shows good breath sounds. Rales are noted at the right base.

Heart is in normal sinus rhythm. PMI-5<sup>th</sup> intercostal space. There is no murmurs, rubs or gallops.

Abdomen shows evidence of prior colonic surgery. Multiple scar wounds are noted over the abdominal area. There is no organomegaly. Abdomen is soft. Note is made of right and left groin surgical scars that are recent.

Distally, all pulses are +1 bilaterally.

Extremities show no edema, phlebitis, clubbing or cyanosis.

Neurological examination is within normal limits.

***Electrocardiogram:***

EKG is interpreted as being within normal limits.

***Oxygen Saturation:***

Resting pulse oxygen is 99%.



**REDACTED**

December 5, 2000

Page 3

***Pulmonary Function Tests:***

These show all parameters to be within normal limits.

***Chest X-ray:***

The patient's chest x-ray shows some pleural lateral wall scarring with some small bilateral interstitial marking prominent at both lung bases. In addition, there is some left subdiaphragmatic pleural scarring.

***Discussion:***

The following diagnoses apply in this case:

1. Asbestosis with no physiologic impairment at present.
2. Status post colostomy with revision for diverticulitis.
3. Status post right and left femoral bypass surgery.

***Discussion:***

The patient's chest x-ray and history are consistent with the diagnosis of asbestosis. The pulmonary function tests show no physiologic impairment, at the present time. The patient is a smoker and needs to be watched for certain thoracic and extra-thoracic malignancies associated with asbestos workers with a history of smoking. In addition, future pulmonary function testing is recommended to watch for deterioration of physiologic pulmonary impairment.

Please feel free to contact me, if you have any questions regarding this patient.

Sincerely,

Jeffrey F. Parker, M.D.  
Diplomate, American Board of  
Internal Medicine and Pulmonary Diseases

JFP/pm



JEFFREY F. PARKER, M.D., P.C.  
4400 TOWN CENTER SUITE 250  
SOUTHFIELD, MICHIGAN 48075

PULMONARY FUNCTION REPORT  
(Pre- Summary)

Page 1

REDACTED

REDACTED

Name: ID #: REDACTED  
Age: 56 Sex: M Height: 67 in. Weight: 145 lb.  
Smoking history: 16 pack-years Race: BLK/RA  
Doctor: JEFFREY PARKER Tech: JIM DALTON  
Test set started: 12-05-2000 10:19:20  
Predicteds: Crapo Report: FULL RPT  
Comments:

Calibration: 3.00L expected, 3.02L measured.

~~~~~ FVC ~~~~~  
(Pre-: 12-05-2000 10:27:49)

| Function        | Pred | Best |      | Cons |      | Incn |      |
|-----------------|------|------|------|------|------|------|------|
|                 |      | Meas | %Prd | Meas | %Prd | Meas | %Prd |
| FVC (L)         | 3.71 | 4.21 | 114% | 4.20 | 113% | 3.90 | 105% |
| FEV.5 (L)       | 2.38 | 2.23 | 94%  | 2.22 | 93%  | 2.25 | 95%  |
| FEV.5/FVC       |      | 0.53 |      | 0.53 |      | 0.58 |      |
| FEV1 (L)        | 2.97 | 2.84 | 96%  | 2.80 | 94%  | 2.82 | 95%  |
| FEV1/FVC        | 0.80 | 0.67 | 84%  | 0.67 | 84%  | 0.72 | 90%  |
| FEV3 (L)        | 3.46 | 3.57 | 103% | 3.48 | 100% | 3.51 | 101% |
| FEV3/FVC        | 0.93 | 0.85 | 91%  | 0.83 | 89%  | 0.90 | 96%  |
| PEFR (L/s)      | 8.52 | 8.07 | 95%  | 7.83 | 92%  | 7.26 | 85%  |
| FEF25% (L/s)    | 7.66 | 6.72 | 88%  | 6.86 | 90%  | 6.84 | 89%  |
| FEF50% (L/s)    | 5.07 | 2.00 | 39%  | 2.06 | 41%  | 2.62 | 52%  |
| FEF75% (L/s)    | 2.06 | 0.43 | 21%  | 0.41 | 20%  | 0.72 | 35%  |
| FEF25-75% (L/s) | 3.48 | 1.49 | 43%  | 1.40 | 40%  | 1.94 | 56%  |

Comments:

~~~~~ MVV ~~~~~  
(Pre-: 12-05-2000 10:33:31)

| Function        | Pred   | Meas   | %Prd |
|-----------------|--------|--------|------|
| MVV (L/min)     | 119.30 | 137.53 | 115% |
| Test time (sec) |        | 10.16  |      |

Comments:

MVVest= 85.2 L/min. measured MVV= 161% of MVVest

*G Rose Saw test normal*

*Values normal*

*DL 57%*

*[Signature]*



JEFFREY F. PARKER, M.D., P.C.  
4400 TOWN CENTER SUITE 250  
SOUTHFIELD, MICHIGAN 48075

PULMONARY FUNCTION REPORT  
(Pre- Summary)

Page 2

Name: **REDACTED** ID #: **REDACTED**

~~~~~ FRC/SVC ~~~~~  
(Pre-: 12-05-2000 10:46:28)

| Function         | Pred | Meas | %Prd |
|------------------|------|------|------|
| SVC (L,BTPS)     | 3.71 | 4.02 | 108% |
| ERV (L,BTPS)     | 0.96 | 1.35 | 140% |
| FRC (L,BTPS)     | 2.73 | 3.75 | 137% |
| RV (L,BTPS)      | 1.77 | 2.40 | 136% |
| TLC (L,BTPS)     | 5.48 | 6.42 | 117% |
| RV/TLC           | 0.31 | 0.37 | 118% |
| IC (L,BTPS)      | 2.75 | 2.67 | 97%  |
| SVC/FVC          |      | 0.95 |      |
| Equil time (min) |      | 3.04 |      |
| O2 cons (L/min)  |      | 0.30 |      |

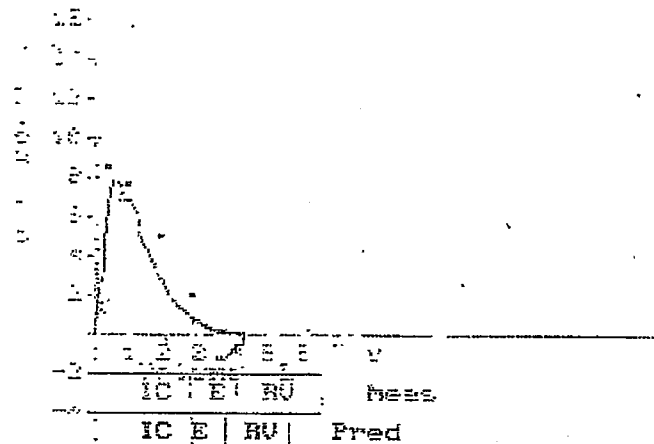
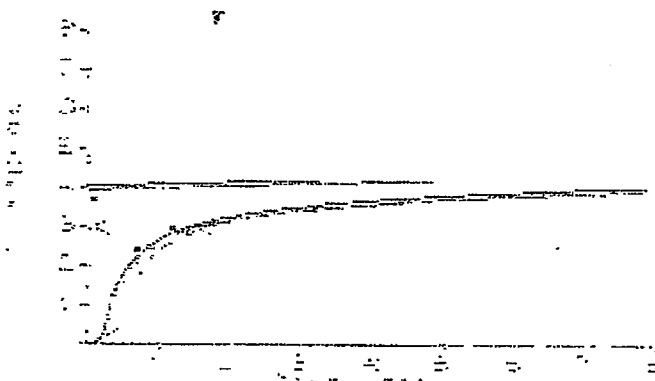
Comments:

~~~~~ DLCO ~~~~~  
(Pre-: 12-05-2000 10:51:12)

| Function         | Pred  | Meas  | %Prd |
|------------------|-------|-------|------|
| DLCO(ml/m/mm Hg) | 22.19 | 31.08 | 97%  |

Comments:

Q: SGL Cal  
Q: SGL Cal  
Pred ...





JEFFREY F. PARKER, M.D., P.C.  
4400 TOWN CENTER SUITE 250  
SOUTHFIELD, MICHIGAN 48075

PULMONARY FUNCTION REPORT  
(Pre- Summary)

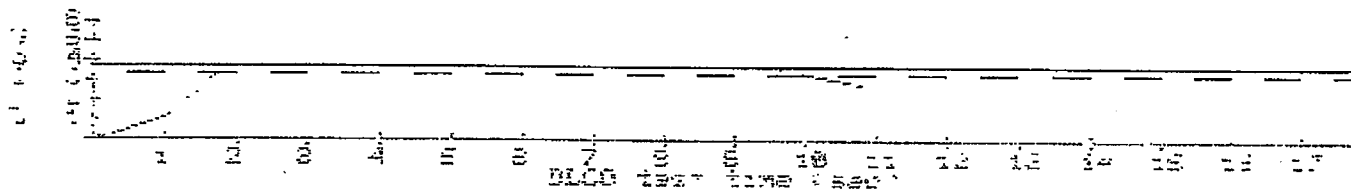
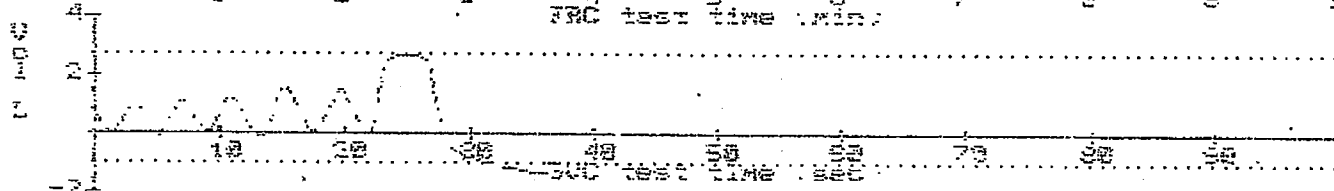
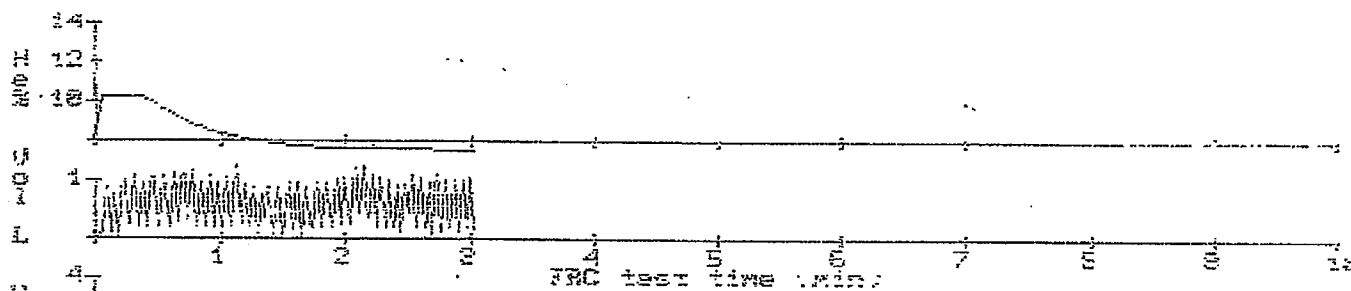
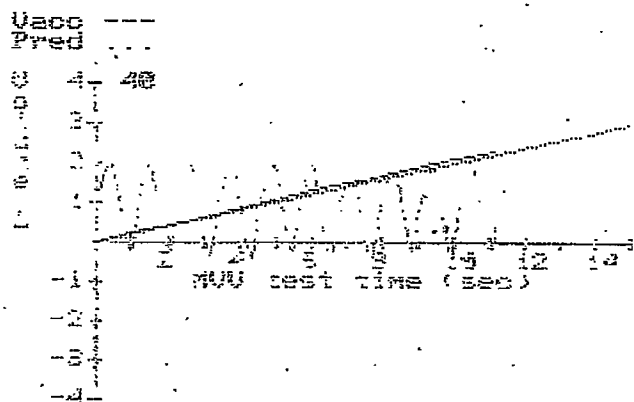
Page 3

Name:

REDACTED

ID #:

REDACTED



REDACTED

05-Dec-2000 12:15:04

JEFFREY F PARKER MD PC

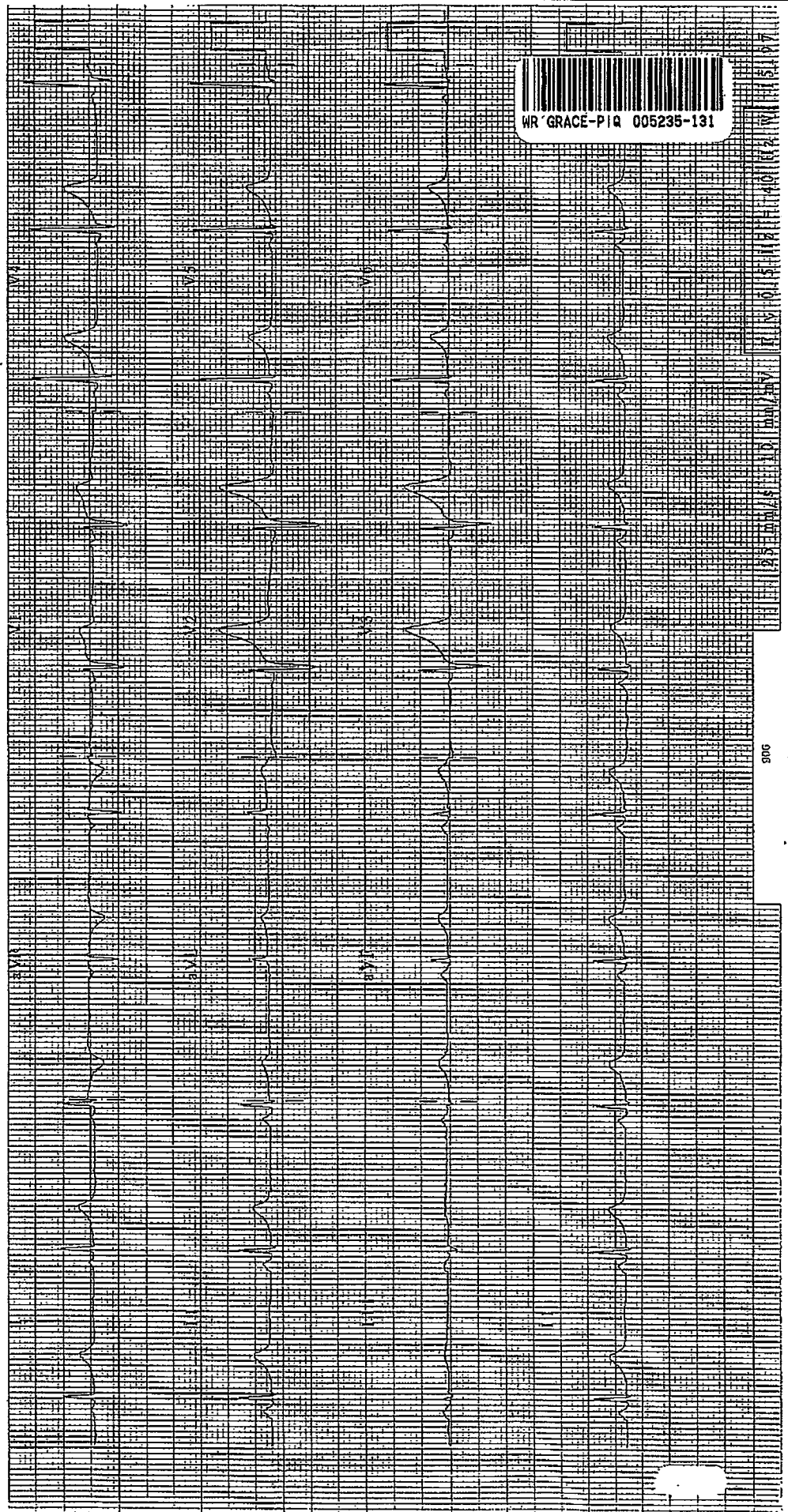
Operator: DEB

*See before  
M.H.  
CA*

*Q5-11-00*

*R. W. W. E. M.*

Requested by:  
DR PARKER



## B-Reading Roentgenographic Interpretation

Ella A. Kazerooni, M.D.  
Associate Professor  
Division of Thoracic Imaging  
Department of Radiology  
University of Michigan Medical Center

1500 E. Mec

Ann Arbor,

Phone: (734) 936-4366

Fax: (734) 936-9723

email: [ellakaz@umich.edu](mailto:ellakaz@umich.edu)

Patient's Name:

Date of Birth:

Worker's SS#:

Date of Reading: 08 / 27 / 99

|  |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>1A. DATE OF X-RAY</b><br>MONTH DAY YR<br>05 04 99   | <b>1B. FILM QUALITY</b><br>1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R<br>If Not Grade 1 Give Reason: <u>dark</u>   | <b>1C. IS FILM COMPLETELY NEGATIVE?</b><br>YES <input type="checkbox"/> Proceed to Section 5<br>NO <input checked="" type="checkbox"/> Proceed to Section 2 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</b><br>YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C<br>NO <input type="checkbox"/> PROCEED TO SECTION 3   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>2B. SMALL OPACITIES</b><br>a. SHAPE/SIZE<br>PRIMARY SECONDARY<br><table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>p</td><td>q</td></tr> <tr><td>r</td><td>u</td></tr> </table> <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>u</td></tr> </table> b. ZONES<br><table border="1" style="display: inline-table;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> R L<br>c. PROFUSION<br><table border="1" style="display: inline-table;"> <tr><td>%</td><td>%</td><td>%</td></tr> <tr><td>0</td><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td><td>5</td></tr> </table>   |   | p   | q  | r  | u  | p  | s  | q  | u  |    |    |    |    | %  | %  | %  | 0  | 1  | 2  | 3  | 4  | 5  | <b>2C. LARGE OPACITIES</b><br>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C<br>PROCEED TO SECTION 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| p  | q   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| r  | u   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| p  | s   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| q  | u   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| %  | %   | %   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3  | 4   | 5   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</b><br>YES <input checked="" type="checkbox"/> COMPLETE 3B, 3C and 3D<br>NO <input type="checkbox"/> PROCEED TO SECTION 4   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>3B. PLEURAL THICKENING</b><br>a. DIAPHRAGM (plaque)<br>SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L<br>b. COSTOPHRENIC ANGLE<br>SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L  | <b>3C. PLEURAL THICKENING... Chest Wall</b><br>a. CIRCUMSCRIBED (plaque)<br>SITE IN PROFILE<br>i. WIDTH<br>ii. EXTENT<br>FACE ON<br>iii. EXTENT<br><table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> b. DIFFUSE<br>SITE IN PROFILE<br>i. WIDTH<br>ii. EXTENT<br>FACE ON<br>iii. EXTENT<br><table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> |   | 0  | 1  | 2  | 3  | 0  | 1  | 2  | 3  | 0  | 1  | 2  | 3  | 0  | 1  | 2  | 3  | 0  | 1  | 2  | 3  | 0  | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>3D. PLEURAL CALCIFICATION</b><br>SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L EXTENT<br>a. DIAPHRAGM<br>b. WALL<br>c. OTHER SITES<br><table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> b. DIFFUSE<br>SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L EXTENT<br>a. DIAPHRAGM<br>b. WALL<br>c. OTHER SITES<br><table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> PROCEED TO SECTION 4 |   |   | 0  | 1  | 2  | 3  | 0  | 1  | 2  | 3  | 0  | 1  | 2  | 3  | 0  | 1  | 2  | 3  | 0  | 1  | 2  | 3  | 0  | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 1   | 2   | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>4A. ANY OTHER ABNORMALITIES?</b><br>YES <input checked="" type="checkbox"/> COMPLETE 4B and 4C<br>NO <input type="checkbox"/> PROCEED TO SECTION 5  |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>4B. OTHER SYMBOLS (OBLIGATORY)</b><br><table border="1" style="width: 100%;"> <tr> <td>O</td><td>ax</td><td>bu</td><td>ca</td><td>cn</td><td>co</td><td>cp</td><td>cv</td><td>di</td><td>ef</td><td>es</td><td>fr</td><td>hi</td><td>ho</td><td>id</td><td>ih</td><td>kl</td><td>pi</td><td>px</td><td>rp</td><td>tb</td> </tr> </table> Report items which may be of present clinical significance in this section. <input type="checkbox"/> OD (SPECIFY od.)<br>Date Personal Physician notified? MONTH DAY YR  |   |   | O  | ax | bu | ca | cn | co | cp | cv | di | ef | es | fr | hi | ho | id | ih | kl | pi | px | rp | tb   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| O  | ax  | bu  | ca | cn | co | cp | cv | di | ef | es | fr | hi | ho | id | ih | kl | pi | px | rp | tb |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>4C. OTHER COMMENTS</b><br><hr/> <hr/> <hr/> <hr/> <hr/> SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES <input type="checkbox"/> NO <input type="checkbox"/> PROCEED TO SECTION 5   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

REDACTED





WR GRACE-PIQ 005235-133

**MICHAEL B. SERLING, P.C.**

*Attorneys and Counselors at Law*

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THOMAS A. SMITH  
ERIC B. ABRAMSON

OF COUNSEL  
THE LANIER LAW FIRM, P.C.  
HOUSTON, TEXAS

OF COUNSEL  
PHILIP J. GOODMAN, P.C.

February 14, 2006  
Via FedEx Ground

Rust Consulting Inc.  
Claims Processing Department  
Re: W.R. Grace & Co. Bankruptcy  
201 S. Lyndale Ave.  
Faribault, MN 55021

Re: Michael B. Serling, P.C. W.R. Grace Claimants

Dear Rust Consulting,

Enclosed for your reviews please find the following Law Offices of Michael B. Serling, P.C. completed W.R. Grace asbestos personal injury questionnaires, boxes 1 through 20.

Please note that several clients did not receive questionnaires for what we believe will qualify as pre-petition W.R. Grace claims.

Attached please find two lists, one list of the claims being sent in the above mentioned boxes, and one list of those individuals who did not receive claim forms. If you should need additional information regarding these clients please do not hesitate to contact me at your earliest convenience.

Sincerely,

Joel A. Waterstone  
Legal Investigator

cc: Michael B. Serling, Esq.  
Eric B. Abramson, Esq.

MICHAEL B. SERLING, P.C.



| Claim Forms Enclosed in Boxes 1-20 |                 |                  |
|------------------------------------|-----------------|------------------|
|                                    | Last Name       | First Name       |
| 1                                  | ANTHONY         | JOSEPH E.        |
| 2                                  | ATKINSON        | LEE ROY          |
| 3                                  | BALOGH          | MIKE J.          |
| 4                                  | BAUM            | GERALD A.        |
| 5                                  | BRANCH SR.      | ALLAN W.         |
| 6                                  | BRITT SR.       | JOHN W.          |
| 7                                  | BRULEY          | EUGENE E.        |
| 8                                  | BURGESS         | ARVID            |
| 9                                  | CONANT          | JOSEPH G.        |
| 10                                 | DORRIS          | JIMMIE LEE       |
| 11                                 | ELSESSER        | EARL B.          |
| 12                                 | FORBES          | ROBERT D.        |
| 13                                 | GLODFELTY       | EDWARD W.        |
| 14                                 | GROOMS          | JOHN R.          |
| 15                                 | GUGUDIS         | PETER K.         |
| 16                                 | HALL            | DAVID E.         |
| 17                                 | HALL            | ROBERT           |
| 18                                 | HALL            | WAYNE            |
| 19                                 |                 |                  |
| 20                                 | HARRIS          | NATHAN G.        |
| 21                                 | HOLTON          | FRANK            |
| 22                                 | HORVATH         | ANDREW           |
| 23                                 | IVES (DEC.)     | BRUCE H.         |
| 24                                 | JOHNSON         | JAMES H.         |
| 25                                 | KALSTEIN (DEC.) | FREDERICK W.     |
| 26                                 | LANE            | PAUL W.          |
| 27                                 | LEFEVERS        | CLIFFORD L.      |
| 28                                 | MOWRER          | EMERSON E. "BUD" |
| 29                                 | OLNEY           | RICHARD C.       |
| 30                                 | PAVALOCK        | JAMES J.         |
| 31                                 | PEPPER          | RAYMOND H.       |
| 32                                 | PFAFF           | WARREN "MIKE"    |
| 33                                 | RODRIGUEZ       | LUIS R.          |
| 34                                 | SANFORD (DEC.)  | ALZONZO W.       |
| 35                                 | SHRADER         | CHARLES R.       |
| 36                                 | SMOLENSKI       | WALTER B.        |
| 37                                 | SOLOVEY         | WALTER           |
| 38                                 | STANLEY         | KENNETH R.       |
| 39                                 | STEINMAN        | WILLMER          |
| 40                                 | WALBECQ         | DONALD R.        |
| 41                                 | WEIMER          | ANTHONY J.       |
| 42                                 | WHITE           | STUART A.        |
| 43                                 | WILEY (DEC.)    | FREDERICK D.     |

REDACTED

MICHAEL B. SERLING, P.C.



|    | Last Name       | First Name  |  |
|----|-----------------|-------------|--|
| 1  | ARTHUR          | JAMES R.    |  |
| 2  | BAILEY SR.      | AUTRY L.    |  |
| 3  | BRADSHAW        | VINCENT L.  |  |
| 4  | CLARK           | MARTIN R.   |  |
| 5  | COLE            | JOHN        |  |
| 6  | CRUM            | KENNETH     |  |
| 7  | DINGUS (DEC.)   | ERNEST P.   |  |
| 8  | DOUGLAS III     | ERNEST      |  |
| 9  | DRAHEIM         | CLINTON E.  |  |
| 10 | DRAKE (DEC.)    | PHILLIP A.  |  |
| 11 | DUFOUR (DEC.)   | WILLIAM J.  |  |
| 12 | FRASIER         | LOUIS R.    |  |
| 13 | HAHKA           | LEROY E.    |  |
| 14 | KALINOFF (DEC.) | STEVE       |  |
| 15 | KRAMER (DEC.)   | RICHARD H.  |  |
| 16 | LEZOTTE         | JAMES A.    |  |
| 17 | MANICK SR.      | RUDOLPH C.  |  |
| 18 | MEHRHOF         | KARL R.     |  |
| 19 | MENNA           | GIUSEPPE    |  |
| 20 | MOLNAR          | STEVE E.    |  |
| 21 | PICKENS         | CHARLES L.  |  |
| 22 | PUTZ            | JAMES E.    |  |
| 23 | RENO            | ROBERT G.   |  |
| 24 | RISCHERT        | CHARLES A.  |  |
| 25 | ROUSH           | EDWIN C.    |  |
| 26 | SCOTT           | WAYNE LEE   |  |
| 27 | SLACK (DEC.)    | HAROLD A.   |  |
| 28 | SMITH           | RENO V.     |  |
| 29 | SMITH           | WILLIE G.   |  |
| 30 | STERNER         | DONALD R.   |  |
| 31 | VANCONANT       | GERALD L.   |  |
| 32 | VANOVER         | RAY E.      |  |
| 33 | VECCHIO         | VICTOR      |  |
| 34 | WILSON          | ROY         |  |
| 35 | WLUDYKA         | JENNIFER A. |  |

MICHAEL B. SERLING, P.C.

|    | Last Name           | First Name       |  |
|----|---------------------|------------------|--|
| 1  | ALFANO              | ANTHONY P.       |  |
| 2  | ASLANIAN            | EDWARD           |  |
| 3  | BUTLER              | JAMES A.         |  |
| 4  | BUTLER              | WILLIAM A.       |  |
| 5  | CHARBONEAU          | CLARENCE A.      |  |
| 6  | FERGUSON            | LEONARD R.       |  |
| 7  | GRYGINCZYK (DEC.)   | EDMUND           |  |
| 8  | HARTSELL            | GERALD G.        |  |
| 9  | HENRY               | JUDGE            |  |
| 10 | HOUNSHELL           | DUKE             |  |
| 11 | JONES (DEC.)        | RAYMOND R.       |  |
| 12 | KERR                | EDWARD D.        |  |
| 13 | KHAZOUZ             | ADNAN B.         |  |
| 14 | KOTFICA             | GEORGE ALPHONSE  |  |
| 15 | LABEAU              | RICHARD A.       |  |
| 16 | MADDEN              | ROBERT G.        |  |
| 17 | MATOTA (DEC)        | JOHN             |  |
| 18 | MEXICO              | HOWARD E.        |  |
| 19 | MOHLMAN             | DONALD A.        |  |
| 20 | MULLINS (DEC.)      | FRANKLIN         |  |
| 21 | REDD                | DONALD D.        |  |
| 22 | REED (DEC.)         | MARILYN          |  |
| 23 | RUELLE              | DAVID F.         |  |
| 24 | SCHWANDT (DEC.)     | ALVIN E.         |  |
| 25 | STANGE              | GEORGE R.        |  |
| 26 | STITT               | ROBERT L.        |  |
| 27 | STOVER              | MONTAGUE PRESTON |  |
| 28 | STURGELL (DEC.)     | DONALD H.        |  |
| 29 | SUVEG (DEC.)        | GEORGE S.        |  |
| 30 | UPDIKE              | JAMES W.         |  |
| 31 | VARNER              | THELBERT H.      |  |
| 32 | WALKER JR.          | PATRICK A.       |  |
| 33 | WOJCIK (DEC.)       | LOUIS J.         |  |
| 34 | WYNN                | BILLY GENE       |  |
| 35 | ZELENIAK III (DEC.) | JOHN J.          |  |



MICHAEL B. SERLING, P.C.



|    | Last Name      | First Name   |  |
|----|----------------|--------------|--|
| 1  | ARTLEY         | JOSEPH C.    |  |
| 2  | BARR (DEC.)    | DONALD R.    |  |
| 3  | BRIGGS (DEC.)  | MARVIN L.    |  |
| 4  | CLISH (DEC.)   | JOHN R.      |  |
| 5  | COFFEY         | THOMAS E.    |  |
| 6  | COLE           | LAWRENCE E.  |  |
| 7  | CRAY           | MELBOURNE D. |  |
| 8  | DAVIDSON       | ROBERT C.    |  |
| 9  | EAGLE          | LESLIE G.    |  |
| 10 | EVANS          | GEORGE H.    |  |
| 11 | FEDRIZZI       | ARTHUR       |  |
| 12 | FERRIS         | DALE W.      |  |
| 13 | FOWLER         | RONALD G.    |  |
| 14 | GALLORO        | JOSEPH R.    |  |
| 15 | GAZEL          | DAVID M.     |  |
| 16 | GLEESON        | LEO J.       |  |
| 17 | KOGUT          | MICHAEL J.   |  |
| 18 | LARRY JR.      | ROBERT       |  |
| 19 | LAUZON (DEC.)  | EDWARD A.    |  |
| 20 | MATHIS         | LEONARD Z.   |  |
| 21 | MENNEL         | ROY FRANK    |  |
| 22 | MENZEL         | LEE M.       |  |
| 23 | MORAN          | THOMAS L.    |  |
| 24 | PELOQUIN       | PETER J.     |  |
| 25 | REXFORD        | EDWARD L.    |  |
| 26 | ROOP           | DAVID R.     |  |
| 27 | SAWICKI (DEC.) | WALTER F.    |  |
| 28 | STANLEY        | JAMES W.     |  |
| 29 | STITT          | DONALD V.    |  |
| 30 | SWICK (DEC.)   | LAWRENCE A.  |  |
| 31 | TROMBLEY       | RONALD A.    |  |
| 32 | VANOVER        | DAVIS E.     |  |
| 33 | VANOVER        | GUY E.       |  |
| 34 | VANOVER        | VERNON E.    |  |
| 35 | WATSON (DEC.)  | RAYMOND P.   |  |
| 36 | WOODARD        | MALLOY R.    |  |
| 37 | WRIGHT         | JIMMY B.     |  |

MICHAEL B. SERLING, P.C.



|    | Last Name        | First Name    |  |
|----|------------------|---------------|--|
| 1  | AHERN JR.        | JOHN C.       |  |
| 2  | BACHMAN          | MICHAEL P.    |  |
| 3  | BATZ             | WILLIAM       |  |
| 4  | BONDY            | CHARLES L.    |  |
| 5  | BOSHELL          | THOMAS R.     |  |
| 6  | BUSH             | WALTER J.     |  |
| 7  | BYERS            | WARREN NELSON |  |
| 8  | CHARLES          | ALBERT E.     |  |
| 9  | GARDOCKI         | FRANK J.      |  |
| 10 | GURGANUS         | HARLIE        |  |
| 11 | HACKWORTH (DEC.) | CHARLIE D.    |  |
| 12 | HEASLEY          | RAYMOND W.    |  |
| 13 | JOHNSON          | ROY A.        |  |
| 14 | KIDD             | RICHARD D.    |  |
| 15 | LOUDEN           | MICHAEL R.    |  |
| 16 | MALINAO          | JACOMO        |  |
| 17 | MARTIN           | RICHARD J.    |  |
| 18 | MCCORMICK        | HAROLD E.     |  |
| 19 | MERRITT          | GERALD G.     |  |
| 20 | NOSEL(DEC.)      | JOSEPH        |  |
| 21 | PALMER (DEC.)    | JOHN G.       |  |
| 22 | PILON            | DAVID J.      |  |
| 23 | ROBERTSON        | DONALD J.     |  |
| 24 | ROBERTSON        | THOMAS D.     |  |
| 25 | RUSHFORD         | WILLIAM J.    |  |
| 26 | SALATA           | MARTIN J.     |  |
| 27 | SCHIRRIK         | DONALD E.     |  |
| 28 | SHORES           | PERRY L.      |  |
| 29 | SMITH            | GARY A.       |  |
| 30 | SMITH            | HARRY B.      |  |
| 31 | SPOHN            | ADEN W.       |  |
| 32 | STEVENS          | OLIVER        |  |
| 33 | STROS            | JOHN R.       |  |
| 34 | TESKE            | ROBERT W.     |  |
| 35 | TILLINGER        | RAYMOND A.    |  |
| 36 | WAHL             | GERALD T.     |  |
| 37 | WRIGHT           | CLARENCE E.   |  |

MICHAEL B. SERLING, P.C.

| Did not receive claim form |                      |            |
|----------------------------|----------------------|------------|
|                            | Last Name            | First Name |
| 1                          | CORNELL              | RONALD P.  |
| 2                          | SCHMID (2ND DISEASE) | WALTER W.  |
| 3                          | REED                 | JAMES D.   |
| 4                          | SINGO                | J. PAUL    |
| 5                          | BREWER               | HOMER      |
| 6                          | CAPPS JR.            | ROGER K.   |
| 7                          | CASTLEMAN            | WILLIAM G. |
| 8                          | CROO                 | RICHARD P. |
| 9                          | FREDERICK            | JAMES E.   |
| 10                         | KORTH (DEC)          | JOHN F.    |
| 11                         | MIRACLE JR.          | JOHN H.    |
| 12                         | PASTOR               | MANUEL     |
| 13                         | RANK JR.             | LELAND E.  |
| 14                         | SCHAEFER             | ALBERT C.  |
| 15                         | THACKER              | JOHN H.    |
| 16                         | WHITT (DEC.)         | WILLIAM C. |
| 17                         | WILCOX (DEC.)        | JAMES R.   |



From: (248)647-6966  
Linda Kelley  
MICHAEL B. SERLING, P.C.  
280 NORTH OLD WOODWARD AVE  
SUITE 406  
BIRMINGHAM, MI 48009

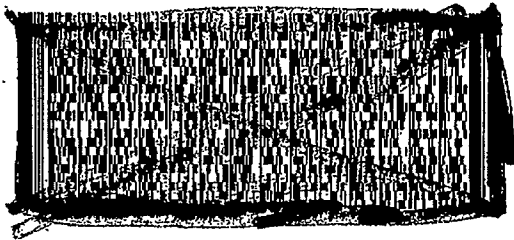


CL5912206/1218

SHIP TO: (507)333-4300

Claims Processing Re WR Grace  
Rust Consulting, Inc.  
201 S. Lyndale Avenue

Faribault, MN 55021

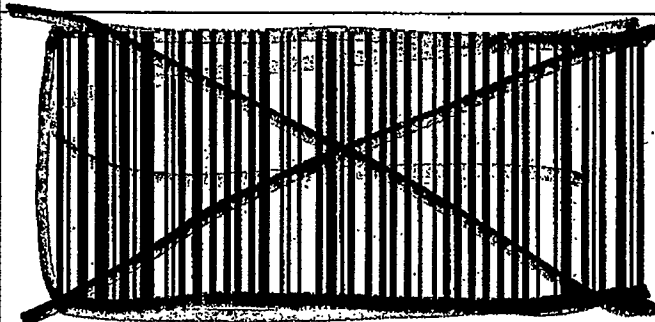


Ship Date: 14FEB06  
Act Wgt: 25.0 LB  
System#: 2299191/INET2400-  
Account#: S \*\*\*\*\*



WR GRACE-PIQ 005235-140

Invoice #  
Reference # WR Grace Bankruptcy  
PO #  
Dept # Ship ID



(9612015) 2665401 10000261

**GND****015**

1

Prepaid

DIRECT SIGN

of

1

**DV**

Shipping Label





REC'D MAR 10 2006



10317749115432

Michael B Serling, P C  
280 N Woodward, Suite 406  
Birmingham, MI 48009

**Contributing Cause of Death (as stated in the Death Certificate):** \_\_\_\_\_



## PART II: ASBESTOS-RELATED CONDITION(S)

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

**1. Please check the box next to the condition being alleged: ASB**

- |   |   |
|---|---|
| <input type="checkbox"/> Asbestos-Related Lung Cancer | <input type="checkbox"/> Mesothelioma   |
| <input checked="" type="checkbox"/> Asbestosis        | <input type="checkbox"/> Other Cancer (cancer not related to lung cancer or mesothelioma) |
| <input type="checkbox"/> Other Asbestos Disease       | <input type="checkbox"/> Clinically Severe Asbestosis                                     |

- a. **Mesothelioma:** If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

Objection for the reason that claimant does not have individual knowledge of whether the pathologist(s) who initially diagnosed mesothelioma were or were not board certified. Claimant assumes such pathologist(s) was board certified and is answering the question based upon that assumption. Claimant is informed and believes that pathologists consulted by claimant's law firm are all board certified. Claimant further objects for the reason that board certifications are equally accessible to WR Grace through national boards of registry. Without waiving the objections, claimants have attached medical reports and records concerning the diagnosis of mesothelioma presently in claimant's possession and refers WR Grace to the medical records for the identity of the pathologists. Provided, however, that claimant further objects for the reason that this case has not been set for trial as to W.R. Grace and thus a full trial workup may not have been completed as to W.R. Grace. The discovery request is untimely under applicable state law and may not reflect the totality of evidence to be adduced against W.R. Grace at trial.

- ☐ diagnosis from a pathologist certified by the American Board of Pathology
- ☐ diagnosis from a second pathologist certified by the American Board of Pathology
- ☐ diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition
- ☐ other (please specify): \_\_\_\_\_



**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

- a. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

Claimant objects for the reason that the information requested below is equally obtainable by WR Grace from the medical records which claimant has attached concerning the diagnosis of claimant's lung cancer and claimant refers WR Grace to the attached medical records. Claimant also objects because it would be unduly burdensome to require claimant to reproduce the information in summary form when it is readily available from the attached medical records and reports. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- ☒ other (please specify): See attached medical records and reports

- c. **Other Cancer:**

Claimant objects to the questions below for the reason that the information requested is equally accessible from the medical records which claimant has attached concerning the diagnosis of claimant's cancer and claimant refers WR Grace to the attached medical records and reports. Claimant also objects for the reason that it is unduly burdensome to require claimant to reproduce in summary form information which is readily obtainable from the attached reports and records. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.

- (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:
- ☐ colon      ☐ pharyngeal      ☐ esophageal      ☐ laryngeal      ☐ stomach cancer
- ☒ other, please specify: See attached medical records and reports

- (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology



- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
- ☒ other (please specify): See attached medical records and reports



**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

- a. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):

Claimant objects for the reason that the information requested below is equally accessible to WR Grace from the attached medical records and reports and claimant refers WR Grace to the attached medical records and reports. Claimant also objects for the reason that it is unduly burdensome to require claimant to reproduce in summary form information which is readily obtainable from the attached reports and records.

In further response, claimant does not have individual knowledge of whether all pulmonologists or internists involved in claimant's diagnosis or treatment are board certified, and objects for the reason that such information is equally accessible to WR Grace through national boards of registry. Claimant is informed and believes, however, that all pulmonologists or internists consulted by claimant's law firm are board certified. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ asbestosis determined by pathology
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☒ other (please specify): See attached medical records and reports

- b. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

Claimant objects for the reason that the information requested below is equally accessible to WR Grace from the attached medical records and reports and claimant refers WR Grace to the attached medical records and reports. Additionally, it would be unduly burdensome to require that claimant's reproduce in summary form the evidence which is readily obtainable from the attached records. In further response, claimant does not have individual knowledge of whether all pulmonologists or internists involved in claimant's diagnosis or treatment are board certified, and objects for the reason that such information is equally accessible to WR Grace through national boards of registry. Claimant is informed and believes, however, that all pulmonologists or internists consulted by claimant's law firm are board certified. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural



thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ asbestosis determined by pathology
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☒ other (please specify): See attached medical records and reports



**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

- a. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

Claimant objects for the reason that the information requested below is equally accessible to WR Grace from the attached medical records and reports and claimant refers WR Grace to the attached medical records and reports. Additionally, it would be unduly burdensome to require claimant to reproduce in summary form the evidence which is readily obtainable from the attached medical records. In further response, claimant does not have individual knowledge of whether all pulmonologists or internists involved in claimant's diagnosis or treatment are board certified, and objects for the reason that such information is equally accessible to WR Grace through national boards of registry. Claimant is informed and believes, however, that all pulmonologists or internists consulted by claimant's law firm are board certified. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ diagnosis determined by pathology
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading other than those described above
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a pulmonary function test other than that discussed above
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- ☐ a CT Scan or similar testing
- ☐ a diagnosis other than those above
- ☒ other (please specify): See attached medical records and reports

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**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

**2. Information Regarding Diagnosis**

Claimant objects for the reason that the information requested below is equally accessible to WR Grace from the attached medical records and reports and claimant refers WR Grace to the attached medical records and reports. Claimant also objects because it would be unduly burdensome to require claimant to reproduce the information in summary fashion which is readily contained in the attached medical reports. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.

Date of Diagnosis: ..... 10/18/2000

Diagnosing Doctor's Name: \_\_\_\_\_

Diagnosing Doctor's Specialty: \_\_\_\_\_

Diagnosing Doctor's Mailing Address: \_\_\_\_\_  
Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Diagnosing Doctor's Daytime Telephone Number: ..... ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? ..... ☒ Yes ☐ No

Claimant objects to the term "personal physician" for the reason that it is vague. Without waiving the objection, claimant interprets "personal" to mean a physician who reviewed information personal to claimant, and claimant asserts that the physicians who found asbestos-related disease in claimant reviewed personal information concerning claimant. Claimant has attached copies of medical reports and records, and claimant refers WR Grace to such records to determine the nature of the relationship.

Was the diagnosing doctor paid for the diagnostic services that he/she performed? ..... ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical consultation was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received \_\_\_\_\_

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? ..... ☐ Yes ☐ No

Claimant objects for the reason that information concerning the attorney/client relationship is privileged.

Was the diagnosing doctor referred to you by counsel? ..... ☐ Yes ☐ No

See the attached medical reports and records.

Are you aware of any relationship between the diagnosing doctor and your legal counsel? ..... ☐ Yes ☒ No

If yes, please explain: \_\_\_\_\_

Claimant objects for the reason that the identity of the medical doctors is disclosed in the attached medical reports or records and claimant refers WR Grace to such records. WR Grace has equal accessibility to the national registries which list board certifications for medical providers. Claimant is informed and believes that medical providers consulted by claimant's counsel are board certified in their appropriate fields. Claimant does not have personal knowledge concerning medical providers not consulted by counsel, but assumes this knowledge is accessible to WR Grace from the appropriate certification entities.

Claimant refers WR Grace to the attached medical reports or records to determine if the medical doctor performed a physical examination. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.



Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? ☐ Yes ☐ No See attached medical records and reports

Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? ☐ Yes ☐ No See attached medical records and reports.

Was the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? ☐ Yes ☐ No See attached medical records and reports

Did the diagnosing doctor perform a physical examination? ☐ Yes ☐ No See attached medical records and reports.

Do you currently use tobacco products? ☐ Yes ☐ No

Have you ever used tobacco products? ☐ Yes ☐ No

*If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:*

☐ Cigarettes Packs Per Day (half pack = .5) \_\_\_\_\_ Start Year \_\_\_\_\_ End Year \_\_\_\_\_

☐ Cigars Cigars Per Day \_\_\_\_\_ Start Year \_\_\_\_\_ End Year \_\_\_\_\_

☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): \_\_\_\_\_

Amount Per Day \_\_\_\_\_ Start Year \_\_\_\_\_ End Year \_\_\_\_\_

Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? ☐ Yes ☐ No

*If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:*

Claimant objects to this request. The information requested is equally accessible to W.R. Grace from the attached answers to interrogatories and medical records.

### 3. Information Regarding Chest X-Ray

Claimant objects for the reason that claimant it is unclear what "your chest x-ray" refers to. In response to the question and without waiving the objection, claimant refers WR Grace to the attached medical records and reports.

Please check the box next to the applicable location where your chest x-ray was taken (check one):

☐ Mobile laboratory ☐ Job site ☐ Union Hall ☐ Doctor office ☐ Hospital ☐ Other: \_\_\_\_\_

Address where chest x-ray taken: \_\_\_\_\_

Address

City

State/Province

Zip/Postal Code